

**TOWN OF LA POINTE
PO BOX 270
LA POINTE, WI 54850**

ACCOMMODATION QUARTERLY TAX RETURN

Quarter Ending _____ Gross Receipts _____

Permit Number _____ 6.5% of Gross _____

Business Name _____

Address _____

NOTE: This is a quarterly return due on or before 30 days after the last day of the calendar quarter in which the tax was collected. A copy of the Accommodations Tax Ordinance may be obtained by contacting the Town Treasurer.

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The Town of La Pointe has an accommodation tax ordinance in effect. ***If you do not*** have a Permit Number for the payment of your Room Tax Fees for the Rental of a Single Family Dwelling, please fill out the following application and permit fee and return to:

Town of La Pointe
PO Box 270
La Pointe, WI 54850

Your permit number will be issued and the appropriate report forms will be sent to you. Permit numbers are confidential.

ACCOMMODATION TAX PERMITS APPLICATION (\$2.00 Fee)

NAME OF APPLICANT(S): _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF RENTAL: _____

LOCATION (RENTAL ADDRESS): _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR FILING QUARTERLY AND ANNUAL REPORTS:

APPLICANT SIGNATURE: _____ DATE: _____

For Town Treasurer's Use Only:

Date Received: _____

Fee Paid: _____

Date Permit Issued: _____

Permit Number: _____